

CITY OF HUTTO –Non-Residential
Commercial / Business / Property Management Form

Name of Business: _____

Service Address: _____

Business Phone Number: _____ Service Start Date: _____

Is this request for Fire Hydrant Meter? ☐ YES or ☐ NO---Fire Hydrant Meter Installation Date: _____

If YES give exact location of Fire Hydrant where Fire Hydrant Meter will be installed. Installation will be completed by City of Hutto Public Works within two business days.

Location or Address for Fire Hydrant Meter: _____

BILLING INFORMATION

Contact Name: _____

Mailing Address: _____

Contact Ph. Number: _____ Tax I.D. #: _____

Email address: _____

Private Owned Business Information

Name: _____

Social Security #: _____ Drivers License#: _____ State: _____

To exercise your rights, please check one the following:

_____ Yes, I hereby request confidentiality of my personal records.

_____ I hereby rescind (cancel) my request for confidentiality.

Please read the following information carefully:

- Once a Fire Hydrant Meters is installed please be sure NOT to pull onto private property when filling up trucks. Deposit is \$1500.00 for Fire Hydrant Meter, any damage to meter while in use deposit will not be refunded in full, and deposit will also be applied to any final bill balance.
- The city is not responsible for any damages caused by flooding due to the negligence of the applicant. It is the responsibility of the applicant to make sure that all water sources inside or outside of the business is off at the time the water is turned on. If the water meter shows that a water source is on, it will be turned off to avoid any flooding.
- I understand that an administrative service fee of \$35.00 will be charged to my utility account.
- A utility deposit with a minimum of \$150.00 or equal to at least twice the average monthly bill of that establishment or a similar establishment of its kind is required. A credit report may also be required.
- In the event any utility account is closed with an unpaid balance and is not paid in full within 60 days from final bill date the account will be sent to collections and a 25% percent collection fee will be added to the balance.

By signing you have read and understood the information on this form.

Applicants Signature: _____

Date: _____

Office Use Only

☐ DEPOSIT PD / BILLED / WAIVED LT. OF CREDIT
YES / NO DELIVER GARBAGE CAN

☐ NEW ACCT #: _____